Vol. XIV. JULY, 1876. No. 79.

THE

AMERICAN PRACTITIONER:

A MONTHLY JOURNAL OF

MEDICINE AND SURGERY.

EDITED BY

DAVID W. YANDELL, M. D.
Prof. of the Science and Art of Surgery and Clinical Surgery, University of Louisville,

AND

THEOPHILUS PARVIN, M. D., LL.D.
Professor of Obstetrics and the Medical and Surgical Diseases of Women, College of Physicians and Surgeons of Indiana.

PUBLISHERS:
JOHN P. MORTON & CO., LOUISVILLE.
YOHN & PORTER, INDIANAPOLIS.

THREE DOLLARS PER ANNUM

CONTENTS.

Articles intended for the *Original Department* of this journal must be contributed to it exclusively.

The editors are not responsible for the views of Contributors.

THE AMERICAN PRACTITIONER.

JULY, 1876.

Certainly it is excellent discipline for an author to feel that he must say all that he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

NOTES ON THE LIFE AND WRITINGS OF DR. BENJAMIN RUSH.*

BY LUNSFORD P. YANDELL, M. D.

Dr. Benjamin Rush, at the close of the last century, was not only the most noted medical man in the new world, but was absolutely without a rival to dispute his title to supremacy. He was at once the first writer, the first teacher, and the foremost practitioner of his time in America. During the generation to which he belonged he was more read and oftener quoted, not only than any other American physician, but than all our other medical authors put together. The fame of his writings and teachings, it may be said without exaggeration, filled the land, and his name was upon the lips of the people as well as of physicians. His name, by common consent, has been placed among the worthies of the profession, as one which the world will not willingly let die; but it may well be asked, who now reads his works? There they repose on the shelves of our libraries, gathering cobwebs and dust, beside the works of Sydenham and Cullen, hardly more

*Read before the Louisville Academy of Medicine.

disturbed by readers than the volumes of Boërhaave, Galen, or Hippocrates.

The works of Rush deserve a better fate than this. With text-books, mere manuals, systems of medicine, mutability is the law; they are necessarily short-lived. In a science constantly advancing, like medicine, the system of one age is insufficient for the next, and must yield to others embracing a fuller history of the subject; but the "Inquiries" of our great philosopher abound in original observations, in accounts of epidemics witnessed by himself, in suggestive facts, and bold, ingenious conjectures, which have a lasting interest. I propose to spend an hour, this evening, in a review of some of these, in the hope that I may thereby excite in some of you a curiosity to know more about the labors of this illustrious physician.

Dr. Rush was elected Professor of Chemistry in the Pennsylvania College, now University of Pennsylvania, in August, 1769, when only twenty-three years old, and a little more than a year after taking the degree of M. D. at the University of Edinburgh. And hardly had he entered upon his duties as teacher before he commenced his career as author, for the following year he published a number of "Sermons," as he styled them, written for young men on the subject of temperance and health. But while yet a student he recorded in his diary observations on the yellow fever which desolated Philadelphia in 1762, and these memoranda afford almost the only notices preserved of that epidemic. He loved to write, and urged upon his pupils the great advantage of making notes of all they read or saw, repeating to them often the maxim, *legere sine calamo est somnere.* Though engaged nearly nine years in the study of his profession, we have his own declaration that he never wasted a day in idle or frivolous amusements.

In 1774 he began to prepare those papers which gave him rank at once among the philosophers of his day, and which now are correctly looked upon as the beginning of our medical literature. The first was read as an anniversary oration

before the American Philosophical Society, of which Jefferson and Franklin were members. Its subject is the Natural History of Medicine among the Indians of North America. It is a truly remarkable paper, in which every class of readers will find matter to interest and instruct. Its style is fresh, easy, and singularly pleasing. We meet with opinions in which we may not concnr, but the graceful flow of his language must captivate all, as in the following passage: "Some of you may remember the time, and our fathers have told those of us who do not, when the diseases of Pennsylvania were as few and as simple as those of the Indians. The food of the inhabitants was then simple; their only drink was water; their appetites were restrained by labor; religion excluded the influence of sickening passions; private hospitality supplied the want of a public hospital; nature was their only nurse, temperance their principal physician."

In 1780 he wrote an account of a bilious remitting fever as it appeared in Philadelphia that year, and which has since often been described under the term "dengue or break-bone fever." In some cases it was ushered in with coma; in many it was introduced by delirium, and in not a few it was fatal. I may mention, as showing how this disease varies in character, at different periods and places, that I saw it in Memphis, in the autumn of 1860, when out of many thousand persons attacked by it, I believe only a single one died. A distinguishing symptom first noticed by Dr. Rush, which I experienced in my own case and remarked in every instance, was extreme dejection of spirits during the convalescing stage. A young lady, with great feeling, said to Dr. Rush that she thought the complaint "ought to be called break-heart rather than break-bone fever." By giving a gentle vomit of tartar emetic in the forming stage, he says he frequently produced an immediate cure; and in every instance the patient found relief from the pains in the head and limbs by emetics and gentle purgatives. He continues: "I constantly recommended to my patients to lie in bed. Persons who struggled against the fever by sitting up, or who attempted to shake it

off by labor or exercise, either sunk under it or had a slow recovery." Sometimes dysenteric symptoms accompanied the fever, when he used opium with good effect; and this leads him to remark that "those physicians enjoy little pleasure in practicing physic who know not how much of the pain and anguish of fevers, of a certain kind, may be lessened by the judicious use of opium."

No remedy is so intimately associated with the name of Rush as blood-letting. His use of the lancet brought great obloquy upon him in his lifetime, and his devotion to the lancet, it was charged by some of his contemporaries, amounted to insanity. And yet, in the fever under consideration, he never resorted to it. "Out of several hundred patients whom I visited," he remarks, "I did not meet with a single case in which the lancet was indicated by the state of the pulse, which was generally full, but never hard;" and he adds that he heard of several cases in which bleeding was followed by fatal results.

Scarlatina, of which he gives an account in the same volume of his Inquiries, appeared to him quite amenable to treatment, "a vomit of ipecacuanha or tartar emetic, mixed with a few grains of calomel, never failing completely to check the disorder in its forming stage," or so far mitigate its violence as to dispose it to a favorable issue in a few days. And he even held that "when the contagion of this disease has been received into the body, a purge has prevented its being excited into action, or rendered the disorder mild throughout a whole family."

His views in regard to cholera infantum were most just. He was fully persuaded that summer fruits had no agency in developing the complaint. His remedies were, first, an emetic, then opiates, the cold bath, and, above all, country air.

Membranous croup, like scarlet fever, he regarded as altogether under the control of medicines. "The bark," he declared, "is scarcely a more certain remedy for intermittents than calomel is in this species of cynanche."

Speaking of intermittent fever, he says he had found that where bark did not succeed after three or four days' trial, the application of blisters to the wrists often rendered it effectual; but that where, from any cause, the disease was protracted into the winter months, he generally cured it by one or two moderate bleedings. He continues: "I have known several instances in which pounds of bark have been taken without effect, in which the loss of ten or twelve ounces of blood has immediately cured the disorder."

On no subject, perhaps, have the therapeutics of Dr. Rush been so grossly misapprehended, not to say misrepresented, as pulmonary consumption. It has been constantly affirmed that he bled his patients in every stage of their disease, shut them up in stove-rooms, and gave them mercury to the point of causing salivation. But so far is this from the truth that he insists, with Sydenham, on horseback exercise as the one great remedy in the disease. He bled for intercurrent inflammations, but says, "If there does exist in nature a remedy that will supply the place of exercise, I believe it will be found in the class of tonics." The prime indication is to "restore the vigor of the constitution." All depends, he taught, upon the tone of the general system. "If consumption be a disease of general debility," as he held, "it becomes us to attempt the cure of it in its first stage; that is, before it produce the symptoms of cough, bloody or purulent discharges from the lungs, and inflammatory or hectic fever." And among his remedies are the cold bath, steel and bark, exercise being put before all.

In dropsy his practice was purely empirical, but, with some good remedies, he gives a number of curious cases; as, for example, that of Dr. Samuel Johnson, who was temporarily relieved by fasting; and that of another patient who was cured by fear; and he concludes the chapter with the following words, in which we have an expression of his singularly hopeful temper: "But let us not despair. It becomes a physician to believe that there is no disease necessarily incurable; and that there exist in the womb of time *certain*

remedies for all those disorders which elude the present limits of the healing art."

He has, in the same volume, an interesting chapter on the "influence of the military and political events of the American revolution upon the human body," in which, among others, he mentions the curious fact, that "the population of the United States was more rapid from births during the war than it had ever been in the same number of years since the settlement of the country." This he attributed "chiefly to the quantity of money, and to the facility of procuring the means of subsistence during the war, which favored marriages among the laboring part of the people." Such was the cheapness of living that, he says, beggars of every description disappeared in the year 1776, and were seldom seen till near the close of the war.

Science has been truly said to consist in its facts, and the same may be remarked of the value of Dr. Rush's writings. They constitute a repository of trustworthy observations to which the reader always turns with instruction. I know not where else, in the same compass, so large a number of interesting facts is to be found recorded. He himself felt that his strength was rather in these than in his deductions from them; for, in his paper on consumption, he says: "In relating the *facts* that are contained in this essay, I wish I could have avoided reasoning upon them; especially as I am confident of the certainty of the facts, and somewhat doubtful of the truth of my reasonings." In this the modesty of a true philosopher appears.

His "Account of the state of the body and mind in old age, with observations on its diseases and their remedies," abounds in personal observations, in incidents in biography and history, and in medical facts, and is one of the most charming essays to be found in any literature. Among other means for securing a green old age, he mentions "young company," which, he contends, should be preferred by old people to the company of persons of their own age. And he goes on to say: "I think I have observed old people to

enjoy better health and spirits when they have passed the evening of their lives in the families of their children, than when they lived by themselves. Even the solicitude they feel for the welfare of their descendants contributes to invigorate the circulation of the blood, and thereby to add fuel to the lamp of life."

Philadelphia was visited in 1773 by an epidemic of yellow fever more fatal than any that had preceded it, and the year following he published an account of the disease, which forms the third volume of his "Inquiries." He believed, at one time, that the fever was contagious, but had the candor to acknowledge that he was led by the arguments of Webster and of his pupil, Dr. Charles Caldwell, to change his opinion. He thought, for a time, that he was the first to ascribe the pestilence to a domestic origin, but when he learned that Dr. Bond had maintained the doctrine before him he candidly published the fact to the world. No more graphic history of an epidemic is to be found in our language than is here given of yellow fever. He describes with great force the distress of mind with which he saw the scourge advance and his patients sink under it, regardless of his remedies. "Baffled in every attempt to stop the ravages of this fever," he says, "I anticipated all the numerous and complicated distresses in our city which pestilential diseases have so often produced in other countries. The fever had a malignity and an obstinacy which I had never before observed in any disease, and it spread with a rapidity and mortality far beyond what it did in the year 1762. Heaven alone bore witness to the anguish of my soul in this awful situation. But I did not abandon a hope that the disease might yet be cured. I had long believed that good was commensurate with evil, and that there does not exist a disease for which the goodness of Providence has not provided a remedy. Under the impression of this belief, I applied myself with fresh ardor to the investigation of the disease before me. I ransacked my library, and pored over every book that treated of the yellow fever. The result of my researches for

a while was fruitless. The account of the symptoms and cure of the disease by the authors I consulted were contradictory, and none of them appeared altogether applicable to the prevailing epidemic. Before I desisted from the inquiry to which I had devoted myself, I recollected that I had among some old papers a manuscript account of the yellow fever as it prevailed in Virginia in the year 1741, which had been put into my hands by Dr. Franklin, a short time before his death. I had read it formerly, and made extracts from it into my lectures upon that disorder. I now read it a second time. I paused upon every sentence; even words in some places arrested my attention. In reading the history of the method of cure, I was struck with the following passages: 'Evacuation by purges is more necessary in this than most other fevers. I have given a purge when the pulse has been so low that it could hardly be felt, and the debility extreme, and yet both one and the other have been restored by it.' Here I paused. A new train of ideas suddenly broke in upon my mind." He at once tried the practice, giving, at first, calomel and jalap in doses of ten grains each, but as this proved to be too slow finally increasing the jalap to fifteen grains; and the effect, he said, far exceeded his expectations. It perfectly cured four out of five of the first patients to whom he gave the purgatives, notwithstanding some of them were advanced several days in the disorder. He imparted the prescription to the College of Physicians, and endeavored to remove the fears of his fellow-citizens by assuring them that the disease was no longer incurable. "I can never forget the transport with which Dr. Pennington ran across the street to inform me, a few days after he began to give strong purges, that the disease yielded to them in every case."

But we must not infer from this strong testimony to the value of purgatives, that he employed no other remedies. With their use he conjoined cool air, cold drinks, cold water bathing, and above all blood-letting. The success of his practice, as has been said, surpassed his fondest hopes, and he

exclaims, "Never before did I experience such sublime joy as I now felt in contemplating the success of my new remedies. It repaid me for all the toils and studies of my life. The conquest of this formidable disease was not the effect of accident, nor of the application of a single remedy, but it was the triumph of a principle in medicine." On the 10th of September he wrote in his diary: "Thank God! Out of one hundred patients whom I have visited or prescribed for this day, I have lost none."

The practice, however, was not universally accepted by his brother practitioners; on the contrary, it encountered a storm of opposition. Kuhn, one of his colleagues, as well as Wistar, denounced it as most dangerous; and Currie, a physician and writer of note, went so far as to declare that it "could not fail of being certain death." By many of his brethren he was represented as insane, and some of his fellow-citizens even proposed to "drum him out of the city." "One of my patients," he says, "who had believed it (his insanity) expressed her surprise at perceiving no deviation from my ordinary manner in a sick room." His own health gave way at last under the severe pressure to which it was subjected, and his friends urged him to retire to the country; but to a correspondent he wrote that he "had resolved to stick to his principles, his practice, and his patients, to the last extremity." And he refers to the slanders propagated against him "only for the sake of declaring, in this public manner, that I most heartily forgive them; and that if I discovered at any time an undue sense of the unkindness and cruelty of those slanders, it was not because I felt myself injured by them, but because I was sure they would irreparably injure my fellow-citizens, by lessening their confidence in the only remedies that I believed to be effectual in the reigning epidemic." He adds magnanimously, "I commit them to the dust."

His history of yellow fever is a truly great work. His account is minute, spirited, graphic, and possesses all the interest of a personal narrative. I am sure that no one who begins to read it will be disposed to lay it down without con-

cluding it; and no one can follow the author through his faithful story without a conviction that he was at once a philosopher and a man of true nobleness of soul.

Theory, a hundred years ago, was a leading feature in the teachings of every medical man who claimed to be an instructor. When a student with Dr. Redman, Rush adopted that of Boërhaave respecting fever, that the proximate cause is "a lentor of the blood," together with morbific matters in the vital fluid; but on going to Edinburgh he relinquished this theory and embraced that of Hoffman, which Cullen had accepted and improved, to-wit, that the cause is a spasm of the capillaries of the surface of the body. This he found unsatisfactory when he became a teacher, and so he framed one of his own, according to which fevers of all kinds are preceded by general debility, which gives place, sooner or later, to increased excitability. There is but one cause of fever, and that is a stimulus, which gives rise to irregular or convulsive action in the arteries. And as there is but one cause of fever, so fever itself is a unit, as fire is one and the same whether created by friction, fermentation, electricity, or combustion; pleurisy, dropsy, angina, phthisis, and the rest, being but symptoms of the primary disease in the sanguiferous system. Apoplexy is but an apoplectic form of fever, and so of rheumatism, mania, nephritis, etc. The eruptive state of fever is shown in small pox, measles, and the other exanthemata.

Dr. Rush submitted this theory to his pupils, as a substitute for that of his great master, Cullen, with the lines:

> "We think our fathers fools so wise we grow,
> Our wiser sons, I hope, will think us so."

No professional son of Dr. Rush will ever account him a fool. At the same time it must be admitted that anything more baseless than his theory it would be difficult to find in all the dreams of philosophers. But we are to remember that it was of such stuff that medical speculation had been composed for ages and still consisted in his day, and his hypotheses are as substantial as those that had preceded them. Happily, a

change has come over the spirit of medicine, and medical teachers no longer waste much time framing theories of fever.

He had remarked, in the treatment of fever, that convalescence was a pretty sure attendant upon salivation, and naturally but falsely inferred that the specific effect of mercury was curative in such cases; and hence it became a practice with him, which unfortunately obtained long and extensively after his time, to induce ptyalism in acute diseases. I have a most vivid recollection of the appearance of patients in the infirmary at Baltimore, in connection with the University, under the care of his pupil, Dr. Potter, with bowls at their cheeks to catch the saliva as it flowed day after day from their mouths. Long since the barbarous practice has been relinquished, the profession having come to understand that salivation follows convalescence, and is in no sense or degree the cause of it.

The "Inquiries" close with "a defense of blood-letting as a remedy for certain diseases," in which are displayed the boldness, the independence of thought, the earnestness, and the enthusiasm, by which Dr. Rush was distinguished above all his contemporaries. Blood-letting, he taught, was indicated in the inflammatory state of fever; by sudden suppression of natural discharges inducing plethora; by the proximate cause of fever; by the symptoms of its first state; by the rupture of blood vessels; by the relief obtained in fevers; by the immense advantages attending it in inflammatory fevers. Some of these advantages he recites. Thus he says: It frequently strangles a fever; it imparts strength by removing indirect debility; it reduces frequency of pulse when excessive, and increases it when preternaturally slow; it relieves nausea and vomiting; it renders the bowels more soluble by purging physic; it renders the system easier of salivation; it removes or lessens pain in every part of the body, relieves burning heat of the skin, checks sweats, sometimes checks a diarrhœa and tenesmus, after astringents have failed; it removes coma, induces sleep, prevents effusions of serum and blood, and the chronic diseases of cough, con-

sumption, jaundice, abscess in the liver, and all the different states of dropsy, which so often follow autumnal fevers.

The following case affords at once an example of his heroic practice, and some insight into his character as a man. He says:

"My friend, Mrs. Lennox, after having been cured of the yellow fever by seven bleedings, was affected, in consequence of taking a ride, with a slight return of fever, accompanied by an acute pain in the head, which I was afraid would end in a dropsy of the brain. As her pulse was tense and quick, I advised repeated bleedings to remove it. This was not followed. The pain in the meantime became more alarming. In this situation, two physicians were proposed by her friends to consult with me. I objected to them both because I knew their principles and modes of practice to be contrary to mine, and that they were proposed only with a view of wresting the lancet from my hand. From this desire of avoiding a controversy with my brethren, where conviction was impossible on either side, as well as to obviate all cause of complaint by my patient's friends, I offered to take my leave of her, and to resign her wholly to the care of the two gentlemen who were proposed to attend her with me. To this she objected in a decided manner. But that I might not be suspected of an undue reliance upon my own judgment, I proposed to call upon Dr. Griffiths or Dr. Physiek to assist me in my attendance upon her. Both these physicians had renounced the prejudices of the schools in which they had been educated, and had conformed their principles and practice to the present improving state of medical science. My patient preferred Dr. Griffiths, who in his first visit to her, as soon as he felt her pulse, proposed more bleeding. The operation was performed by the doctor himself, and repeated daily for five days afterwards. From an apprehension that the disorder was so fixed as to require some aid to bloodletting, we gave her calomel in such doses as to excite a salivation. By the use of these remedies she recovered slowly, but so perfectly as to enjoy her usual health."

Yet, after all, Dr. Rush was not an indiscriminate bleeder, but points out clearly the state of the pulse and the circumstances in which bleeding is proper or inadmissible; and he alludes to numerous cases in which the lancet, unwisely employed, had seemed to him to have been the cause of death.

An anecdote is related of him, bearing upon his extravagant use of the lancet and calomel, which shows that the idea of insanity which prevailed in relation to him was not altogether unnatural. When the epidemic of 1793 was at its height, he had gone one day over to Kensington, one of the suburbs of Philadelphia, to visit a friend ill with the fever. The fact that he was in the neighborhood soon became generally known, and the friends and relations of the sick collected, according to the story, not by dozens but by fifties and hundreds, near a bridge which it was known he must cross in returning, to consult him. Finding his way blocked up by the great assemblage, and unable to visit all who sought his aid, he directed his carriage to be stopped and requested the multitude to approach him as closely as they could, when he said to them: "I treat my patients successfully by bloodletting, and copious purging with calomel and jalap, ten grains of each for adults, and six for children; and I advise you, my good friends, to use the same remedies." "What!" cried a voice from the crowd, "bleed and purge every one?" "Yes," replied the doctor, "bleed and purge all Kensington;" and then drove on.*

His opposition to nosology is as well known as anything relating to his medical opinions. Rising from his chair as he lectured, it is related by his old pupils, he would exclaim with intense earnestness, in imitation of Cato, "*Delenda, delenda, delenda est nosologia.*" This hostility resulted partly from his peculiar notions about the unity of disease, but was chiefly excited by the routine practice which he saw physicians continually pursuing. Disease he held, and held wisely, is to be treated, not for the name but according to the morbid conditions in each case.

* Caldwell's Autobiography.

An erroneous impression has prevailed that he disregarded the voice of nature in disease, and would "turn the *vis medicatrix naturæ* out of a sick room as he would a noisy cat;" and the idea derives color from his use of the expression quoted. But under what circumstances does he advise such a course? When, in violent diseases or those of feeble reaction, nature is doing nothing but mischief. For example, where there is a burning fever, he would reduce it by cold water; where there are wasting watery discharges, as in cholera, he would check them; where the patient is cold, he would warm him; where he has no appetite, still he would feed him until appetite returns. He would reduce reaction to the level of nature's salutary efforts. Follow nature, he inculcated in his writings and his lectures, but not implicitly or blindly. In many cases there is no guide so trustworthy, but the physician must determine when and how far to follow her. "One of the greatest attainments and frequently the last in the practice of medicine," he said, "is to know when to do nothing." "No medicine," he adds, quoting Hippocrates, "is often the best medicine."

Besides his four volumes of Inquiries, Dr. Rush published a volume of essays, literary, moral and philosophical, the sermons to young men already mentioned, a volume of introductory lectures, and a treatise on diseases of the mind, which appeared only a short time before he died, and may, perhaps, be accounted the ablest of his works. Of all the books pertaining to medicine written in our country, it is the one oftenest quoted by our brethren abroad. In it the author shows that he was abreast with the most enlightened writers of his day on mental diseases. He had caught the spirit of the great Pinel, and recognized the nature of insanity and the true principle in its treatment. To him the new world is indebted for the application of the law of kindness in the management of lunatics, and their condition has been one of steady improvement from his time to the present day. It is a eulogy justly due him that "he opened the prison doors of

the maniac, unbarred his noisome dungeon, and knocked the shackles from his limbs, substituting moral treatment for brute force, and love for fear."

Of a most sanguine temperament, he had the utmost faith in the capabilities of medicine, and was persuaded that a beneficent Creator had provided a remedy for every physical as well as every moral evil incident to our present state. One of these he predicted, and in the true spirit of the Baconian philosophy. In the following passage the discovery of anæsthetics in childbirth is clearly foretold: "I have expressed a hope in another place (Med. Repos., Vol. VI.) that a medicine would be discovered that should suspend sensibility altogether, and leave irritability, or the powers of motion, unimpaired, and thereby destroy labor pains altogether. I was encouraged to cherish this hope by having known a delivery to take place, in one instance, during a paroxysm of epilepsy, and having heard of another, during a fit of drunkenness, in a woman attended by Dr. Church, in both of which there was neither consciousness nor recollection of pain."

Not many medical writers have ventured to introduce themselves so often and unreservedly to their readers as Dr. Rush. The act is always one of delicacy and some danger, and if not performed gracefully and with dignity is sure to offend. Dr. Rush is never more interesting than when speaking of himself. Among the many charming features that belong to his writings none are more pleasing than his personal allusions, always unaffected, perfectly devoid of vanity, and in good taste. Nothing that I have read exceeds in beauty or pathos the following passage, for example, in which he refers to himself in connection with his forefathers. He is standing in the cemetery where they sleep. "While considering this repository of the dead," he says, "then holding my kindred dust, my thoughts ran wild, and my ancestors seemed to stand before me in their homespun dresses, and to say, 'What means this gentleman by thus intruding upon our repose?' and I seemed to say, 'Dear and venerable friends,

be not disturbed. I am one who inherits your blood and name, and have come here to do homage to your Christian and moral virtues; and truly I have acquired nothing from the world, though raised in fame, which I so highly prize as the religious principles I inherited from you; and I possess nothing that I value so much as the innocence and purity of your character.'"

It is known to you all that Rush was something more than a great medical writer and teacher and philosopher. The storm of revolution, which for a time closed his lecture-room, drove him into politics, and his name appears among those of the great statesmen of his period. A hundred years ago he was subscribing it to our Declaration of Independence, where it will be read by the latest generations of men. Five members of Congress from Pennsylvania had refused to sign the declaration, deeming it premature, and so refusing had retired from the house. Rush was one of those who were elected to fill the vacancies thus created; and so, as has been said, "did not sign the tremendous parchment because he was a member, but became a member that he might sign it."

In the century that has elapsed since that momentous event American medical literature has made very great progress. Many able works have been given to the world by our physicians—works of great research, of true erudition, of immense practical value to the profession—works of which our country is justly proud; but if I were called upon to declare which among them all I would prefer to have written, I should unhesitatingly name the writings of Benjamin Rush.

Louisville, Ky.

A CLINICAL LECTURE ON THE IMMEDIATE APPLICATION OF THE PLASTIC DRESSING IN FRACTURES OF THE LOWER EXTREMITY.*

BY DAVID W. YANDELL, M. D.

Gentlemen: The other day, after I had dressed a fractured leg in your presence, a member of the class asked me, "*What was the best time to put up such fractures?*" My answer, you may remember, was, "*The earliest possible moment after the bone was broken. The sooner the better.*" And now, after weighing my experience in such cases as carefully as I am capable of doing, I wish to add this to my reply on that occasion: *Dress the fracture, if you can, on the spot.* Do not, if it can be avoided, have the patient moved a single foot from where he received the injury; for he can undergo no movement of the limb without augmenting his pain and increasing his risks.

A little while back a merchant of this city got a simple fracture of the bones of the leg. He was put in a spring wagon, and started to his house. On the way the upper end of the tibia was thrust through the skin, and what, when he left his store, was a simple subcutaneous wound, had, before he reached his residence, been made an open wound and converted into a compound fracture. The second accident was worse than the first. I saw more than a score of times, during the late war, soldiers who were started to the rear with simple fractures of the lower extremity, who, when they reached the hospitals, had compound fractures. The jolting inseparable from the best managed transportation on wheels almost certainly gives rise to pain, which means, in almost every instance, additional injury to the soft parts, and, as I have just remarked, it is sometimes even sufficient to change a simple into a compound fracture. Carrying patients with broken legs on litters on men's shoulders is safer than on

* Phonographically reported.

wheels, but this can not conveniently be done except for short distances; and no matter how carefully it may be executed, it is nevertheless obnoxious in some degree to the objections I have just named. And this, too, though the surgeon may himself superintend the transfer, and before undertaking it encase the injured limb in a temporary, or what has come to be known as a field dressing; for this dressing, however well applied, is after all but a make-shift—it gives pain and disturbs the fragments of bone while it is being put on, and does the same when it is taken off.

Some years ago, when my lamented colleague, Professor Bayless, was lecturing one day on the subject of fractures, I was called to see a negro man with a broken thigh. I remembered it was the hour for my friend's lecture. The patient, who wished to go to hospital, was only a few blocks from the University. I thought the case would be an agreeable surprise to Dr. Bayless, and would serve better than diagrams or words to illustrate the subject of his lecture, and so after adjusting the fragments and applying a good field dressing to the limb, I placed the patient on a stretcher, and this on the shoulders of four stout men, and putting these under way, I accompanied the cortege to the lecture-room. When we took up our march, I must believe the broken bone was well in place; but when we reached our destination, and removed the dressing, the extremities of the fractured femur were frightfully displaced, and the sufferings of the patient extreme. A part of both these features was due to the motion which is well nigh inseparable from every attempt to transfer persons with broken legs from one spot to another, and a part to the violent spasmodic action of the injured muscles which, primarily lacerated, were still further vexed by being still further disturbed.

So my injunction to you to-day is that if you would encounter a broken leg when the injury done is at the minimum, when in dressing it you would give least pain, and have it most in your power to avert inflammation and all the evils which journey in its train, you must do so on the spot where the

accident has occurred, and as soon afterward as you can get to it. Every inch that a fractured leg is moved is hurtful; every moment lost before putting it up is injurious.

A man in the employ of the gas company here sustained a fracture in the lower third of the leg, within a few feet of my office door. In less than forty minutes after, the plastic dressing was drying on the broken limb. Two hours later the patient was removed without the least suffering to his home, a mile away, and had he been accustomed to their use might have walked on crutches the next morning.

It will oftentimes happen, however, that the opportunity to act with the promptness I have advised is not afforded you. You may not see the fracture until after swelling has set in, and the limb has grown painful and red and hot. What then? Why, do just this: Put the fracture up as soon as you can get your dressing ready. Go to work then and there, and encase the limb in some form of fixed apparatus. It may be Paris plaster, or eggs and flour, or glue and zinc, or liquid glass, or shoemaker's paste; only let it be something plastic, and apply it instantly.

Those of you who have been following these lectures longest can not recall a single instance in which you ever saw me postpone dressing a fractured leg or thigh because of swelling in the parts. On the contrary, I have unvaryingly inculcated that swelling and pain are to be regarded as but so many additional reasons for fixing the limb—for rendering it immovable—for placing the fragments so that neither the movements of the patient nor spasms of the muscles can disturb them. Pain, as Mr. Hilton in his lectures on that subject has so well expressed it, is a monitor—*the* monitor, as he puts it; and here it clearly seems placed to warn the surgeon against further delay in fixing the limb, and so fixing it that displacement can by no possibility again occur. Nor is swelling to be regarded as much the inferior of pain itself as a monitor. The two speak the same language. If you are truly wise, you will heed alike the voice of both; their admonitions are the same—they are calls for rest; and

I beg you to believe that the more quickly and the more perfectly you secure this, the more rapidly and the more completely will they quit the broken limb. Oftentimes the injury done to the soft parts by the ends of the bones being suddenly and violently displaced by muscular action, or by change in the position of the patient, gives rise to some of the greatest dangers which occur in fractures. Hence, the sooner you adjust the fragments, and the more securely you provide against their subsequent displacement, the better you will have treated the case. Let neither pain nor swelling deter you from dressing the limb at once. If you see the fracture first at night, I pray you wait not till morning to put it up. Don't trust to sand bags, or pillows, or splints, or this or that other device, and finally take your leave, saying you will call in the morning. A sight of mischief may occur between midnight and sunrise.

Some years ago a pilot jumped from the hurricane deck of a burning steamboat at the wharf at St. Louis, on to the boiler deck of a boat lying alongside, and sustained a fracture of both bones of the leg. The limb was well put up in splints, and the patient brought by rail to his home in this city. Forty eight hours after the accident, when I first saw him, the limb was much swollen and very painful. I applied the plastic dressing at once, and had the satisfaction, not only of relieving all suffering immediately, but also of saving a man of very feeble constitution from the long confinement inseparable from any other mode of treatment.

An old gentleman fell, one Tuesday, and broke the two bones of the right leg about their middle. A medical man dressed the parts in the usual way. Thirty-six hours after I found the limb hot, painful, and much swollen. Did I wait for these conditions to abate? Not a bit of it. I ripped up the wrappings in which the leg had been enveloped and put on the final and only dressing which is required in such cases. The next day the patient sat up, and on the following Sunday he went on crutches, with his foot in a sling, two hundred yards to church.

A lady trod on a bit of orange peel, fell and broke her femur in its upper fourth. My friend, Professor Bayless, who, though he reposed great trust in the plastic apparatus, preferred waiting the conventional fortnight for the swelling, and so forth, to subside, applied the long splint, and made the orthodox extension and counter-extension enjoined in such cases. The limb swelled enormously, and the pain was extreme. At the end of three days of very great suffering, I saw the case with my colleague, and applied the plastic dressing while the patient was under chloroform. There was no more pain after that, and in a week the lady could, when assisted, get on crutches and move about her room.

From that day, my lamented predecessor became a convert to the immediate application of the fixed apparatus, and among the last services it was my privilege to render him, when his failing health obliged him to abandon such work as called for much physical exertion, was putting up a broken thigh in one of his patients immediately after the accident happened. In that case there was no swelling; none had had time to occur, and the early application of the dressing had most certainly prevented swelling. In proof of this I need only refer you to my own experience in its use, and state that in all the cases in which I have applied it *I have never had occasion to remove it on account of swelling in a single one.* Many times when I have applied it to limbs already swollen, I have been obliged afterward to open it and overlap the edges, or trim them down, in order to adapt the bandage to the shrunken condition of the parts. Nor is this my own observation alone. I may fairly say that it includes the experience of two surgeons very favorably known to you—Professor Cowling and Dr. Roberts, both of whom, former pupils and chiefs of this clinic, are now colleagues, and who, as I believe, have never dressed any fracture of either the leg or thigh by any other than the fixed apparatus. These gentlemen will tell you, as I have done, that when the plastic dressing is applied to a fracture before swelling occurs, none will occur; and that when it is applied after swelling has

taken place, the swelling will begin at once to abate and soon disappear altogether.

Nor do these remarks apply alone to simple fractures of the lower extremity. They are equally true of compound fractures in this situation.

A boy, eleven years old, got a compound, comminuted fracture of the left tibia, just below the tubercle. The laceration of the soft parts was considerable. I picked out with my fingers a number of loose fragments of bone, brought the edges of the wound together, and three hours after the accident put the limb in the immovable apparatus. I then cut out a space sufficient to dress and watch the wound. In less than a week the lad went in a wagon, over a rough road, nine miles into the country. In nine weeks he walked into my office with a firm, smart step, and without the slightest shortening.

Three years ago, while Professor Cowling was serving his term at the hospital, Pat Stanton, whom you occasionally see at this clinic, got an extensive compound, comminuted fracture of the right leg. The contusion and laceration of the soft parts were simply frightful. The accident happened in this wise, and I mention it in order that you may the better appreciate the real magnitude of the injury. Stanton and a fellow laborer were engaged in lowering a lot of whisky from the street into a very deep cellar. Stanton's post was in the cellar. By some mismanagement one of the barrels rolled off the ways on which it had been placed, and fell a distance of twelve or eighteen feet on to Stanton's leg. Now, a barrel of whisky, taken at stated periods, is one thing; but taken on a sudden and on one's leg, is another and a very different thing. Stanton was removed to the hospital, where he was soon seen by Dr. Cowling; the internes, in the meantime, having decided that it was clearly a case for amputation. I was sent for, and when, after consultation, it was decided to attempt to save the leg, Stanton drew me near him, and in a feeble voice, for he was still suffering from shock, said: "Doctor, had you told me my leg had to come off, I should

have asked you to put a pistol ball through my head, and let me go at once." The plastic dressing was used instead of either the knife or the pistol, and you may now see Stanton almost any day earning his living on two good legs as a street cleaner. I hope you will not encounter, indeed it would be difficult to conceive of, a more unpromising case than Stanton's, or one which put the fixed apparatus to a severer test. I am convinced that no other dressing could have secured the same happy result; and even this would, I believe, have failed had its application been delayed for the ten or twelve days advised by some surgeons.

In 1870, when I had six years' less experience than I now have in the use of the plastic dressing, and when among surgeons generally there was less positive knowledge of the inestimable advantages of its immediate application, I stated* that if the bandages were cut throughout their entire length, as soon as dry, and their edges subsequently brought together either by additional strips or by loop-knots, the principal objection urged against this dressing, namely, that it may become too tight as the swelling augments, or too loose as the swelling subsides, would be obviated. This statement grew out of my respect for the opinions of my seniors rather than out of the teachings of my own experience; for at that very time I was unable to recall a single instance where the dressing once applied, before swelling had occurred, that it afterward became necessary to remove it because of swelling. *A limb timely put up in the plastic apparatus will not swell.* That is my dictum to-day. Hence there will be no occasion to open the dressing in these cases. Where swelling already exists it may, on subsiding, leave the limb, as you have seen, so shrunken as to render it necessary to cut and refit the bandage; but it is in these cases and these alone.

To conclude: What I wish to impress upon you to-day is, that the best time to dress these fractures is the first moment after they have been inflicted. Every moment of delay is

* American Practitioner, July, 1870.

hurtful. The best place is on the spot where they have occurred. Every inch the limb is moved is an injury; and, finally, no dressing is comparable to the fixed dressing.

LOUISVILLE, KY.

FINAL ILLNESS OF DR. JAMES S. ATHON—POST MORTEM EXAMINATION, AND REMARKS UPON THE PREVENTIVE TREATMENT OF APOPLEXY.*

BY I. C. WALKER, M. D.

Since the last meeting of this society, Dr. James S. Athon, one of its old, well known, and most honored members, has passed away. You are familiar with his name, history, and character. He has been the recipient of both medical and political honors; having always discharged the duties with credit to himself and fidelity to his medical and political friends. He had been engaged in the practice of his chosen profession, in this state, for the period of forty years, and consequently was one of the medical pioneers of Indiana. He was self-reliant, possessed of great will power, well developed both mentally and physically, full of personal magnetism, and in point of medical culture far above the average physician of the age in which he lived. He was the first graduate of the Louisville University, at the age of twenty-five years, and was sixty-four at the date of his death. During this long period he was thoroughly identified with our political and medical history, in the capacity of Secretary of State, Superintendent of the Hospital for the Insane, and Vice President of the College of Physicians and Surgeons of Indiana. He also held other positions of honor and trust.

It would seem, in view of the foregoing facts, that a short history of his last illness and death would not be inappropri-

*Read before the Indiana State Medical Society, May, 1876.

ate upon this occasion, and would be of interest to his medical brethren who have so long and favorably known him.

Dr. Athon enjoyed almost uninterrupted health up to the 25th day of September, 1875. Soon after partaking of breakfast, before going to his office, he complained of slight vertigo and pain in the left side, in the region of the spleen and hip. He went to his office at 9 A. M., as was his custom, and commenced examining and prescribing for patients. While looking at a diseased tooth, he had a decided increase of vertigo, with a numbness and loss of voluntary power of the left arm and leg, and would have fallen had he not been assisted to a seat. A death-like pallor was on his face, with an expression of great anxiety. There were no other symptoms worthy of mention; no pain in the head, no loss of consciousness, no paralysis of bladder or bowels, no disturbance of vision, no ptosis, strabismus, nor paralysis of face. The motor paralysis was almost complete for about two days, after which a gradual improvement in the power of the paralyzed limbs was observed up to the 15th day of October, 1875: during all this time he complained of great weakness about the loins and left hip; the arm had improved more than the leg; he commenced walking about his room with the assistance of a cane, but had the characteristic paralytic swing of the limb. In improved condition, while sitting in his chair, drinking a glass of lemonade, his head fell forward, the right arm dropped by his side, and he was heard to utter the word "*paralysis.*" Almost instantly thereafter he became unconscious, with stertorous breathing, slow and full pulse, dilated pupils, and with complete paralysis of the right arm and leg, in which condition he continued for about twenty-four hours, after which there was a partial cessation of the more urgent symptoms. The breathing became less stertorous, with a little evidence of returning consciousness; he would at times appear semi-rational, making indistinct efforts at articulation, and in his better moments seemed to recognize his friends: but no improvement in the paralytic symptoms. Nothing more occurred worthy of note until within thirty-six hours of the

close, when the coma again became profound, the breathing stertorous, death-rattle in the throat, pupils widely dilated, sphincters paralyzed, and the surface bathed with a cold perspiration, death ending the scene on the 25th day of October, 1875, just one month from the date of the first attack. During his illness, Drs. Todd and Parvin and the writer were in regular attendance. Drs. Bigelow, Jameson, Woodburn, Thompson, and a number of the other physicians of the city, visited him at irregular intervals.

Dr. Athon's father died of apoplexy at the age of forty-five years. He had three brothers and two sisters, four of whom died of phthisis pulmonalis, and one of acute pneumonia. The cause of his mother's death is unknown.

A post mortem examination was made by Drs. Link and Eastman, twenty-four hours after death, in the presence of about twenty prominent physicians of the city. Weight of brain was nearly fifty-four ounces; a coagulum of blood, about the size of a quail's egg, was found in the anterior portion of the right middle lobe, immediately above the corpus callosum; another clot, three times larger than the first described, was found on the same side, in the posterior lobe, resting in the cornu of the lateral ventricle, pressing upon the corpus striatum. There was some evidence of inflammation, as shown by slight softening of the brain tissue surrounding the first described extravasation. Another clot, about the size of a hen's egg, was found on the left side, in the lateral ventricle, involving the corpus striatum and optic thalamus. The arteries at the base of the brain were generally in a condition of calcification. A branch of the middle cerebral and a branch of the posterior cerebral arteries of the right side were found ruptured, also the middle cerebral artery of the left side. The brain generally presented a healthy appearance.

An interesting question is here presented: Do we know enough of the physiological functions of the various districts of the brain, to enable us to locate the seat of lesion in cases of cerebral hemorrhage? Can it be differentiated from embolism and thrombosis? We are quite sure we can often,

from a careful analysis of the symptoms, approximate accuracy, and sometimes determine the question with absolute certainty. How was it with the case just reported? You will remember in the history of the case, in the first attack, there was an instantaneous loss of voluntary power, with slight anæsthesia of the limbs of the left side, without disturbance of mental functions; neither paralysis of face, ptosis, strabismus, derangement of vision, nor serious interruption in the respiratory movements; no paralysis of tongue, nor dysphagia, anæsthesia only transient, no history of heart or lung trouble, nor rheumatic diathesis. Hence we could but conclude the seat of extravasation was within or near the ganglia constituting the motor tract. When the lesion is limited to the corpus striatum of one side, the hemiplegia is on the opposite side. If there be abolition of sensibility, it is but transient. If the optic thalamus is the seat of extravasation, there will be double vision, dilatation or convulsive movements of the pupil, sometimes blindness, anæsthesia, or hyperæsthesia, on the side opposite the brain lesion; hearing and smell may also be disordered. Consequently it was apparent that the lesion did not involve the optic thalamus. Hemorrhage into the crus cerebri causes paralysis of the opposite side with anæsthesia. Ptosis and divergent strabismus would be present on the side of the body corresponding to the seat of lesion, because the third pair of nerves arises from the crus in part, and supplies all the muscles of the eye except the superior oblique and external rectus. Hence it was evident that the crus was free from the influence of the extravasation. When the seat of the hemorrhage is in the pons varolii, the crossed paralysis is still more marked; the limbs are palsied on the opposite side, and the face on the side in which the extravasation is found. If the lesion is in the mesial line, both sides of the body will be paralyzed; consequently we could safely say that there was no trouble in the pons. When the seat of the extravasation is in or near the medulla oblongata, the functions of the glosso-pharyngeal, hypoglossal and pneumogastric, will be impaired or abol-

ished, as shown by the difficulty of swallowing, inability to protrude the tongue, tumultuous action of the heart, and dyspnœa. Hence we know the hemorrhage did not involve the medulla. When the lesion is limited to the cortical gray matter, the symptoms are most varied in their character, differing according to the extent of the injury in different cases. Loss of consciousness may be present, as often incoherence and delirium are manifested. At other times the mental disturbance is marked with merely stupor or obtuseness of intellect. In some cases the paralysis may not be well defined, only great weakness with an unsteady gait; in other instances there is partial and sometimes complete hemiplegia. You will observe there is always more or less mental trouble. This was conclusive evidence the lesion did not occupy the gray substance. We did not suspect meningeal hemorrhage, because cephalalgia was not present, as it usually is to a notable degree, as well as impairment of the mental functions. When the extravasation occupies the cerebellum, there are decided vertigo and pain in the back part of the head; vomiting is much more frequently met than when the cerebrum is the seat of the lesion; loss of voluntary power not so common, and sensibility never disturbed; all of which we accepted as evidence that the extravasation was not in the cerebellum. There was no reason why aphasic symptoms should be present, if the organ of language is located in the third convolution of the left frontal lobe near the island of Reil, as Broca, Dax, Ogle, and others, insist. Extensive hemorrhage may occur in the white substance of the cerebrum, not involving any of the ganglia, and little disturbance of either motion or sensibility result, as was the case with the first described clot found in the white substance above the corpus callosum.

Then where was the hemorrhage in the first attack?

We could arrive at but one conclusion, that it was in or near the corpus striatum of the right side, causing a loss of voluntary power of left side; and that it was not affecting the cortical gray substance, or there would have been an

instant declaration of unconsciousness or some other manifestation of mental disturbance.

How was it with the second hemorrhage that occurred twenty days after the first?

You will remember the patient, while taking a glass of lemonade, was at once profoundly paralyzed in the right side, with complete unconsciousness; which was evidence to our minds that a hemorrhage had taken place on the left side in the great motor tract; and that it was so extensive as to affect the gray substance of the brain, depriving it of its normal supply of oxygenated blood.

The heart and lungs were examined and found free from disease; consequently there was no probability of an embolism. The suddenness of the attack excluded the possibility of a thrombosis. The post mortem examination fully verified the correctness of our regional diagnosis.

In the presentation of this case, the causes of arterial degeneration and the preventive treatment should most interest us. You will doubtless remember nearly all of the arteries, at the base of the brain, were in a state of calcification. The father having died of apoplexy, it would be most rational to conclude that the son had an inherited apoplectic constitution, and should have expected its manifestations at the usual time of arterial degeneration. With this knowledge, was not a postponement of the fatal issue possible? Let us examine the question for a moment.

In speaking of fatty metamorphosis and atheromatous degeneration, Virchow says: "I have, therefore, felt no hesitation in siding with the old view in the matter, and admitting an inflammation of the inner arterial coat to be the starting point of the so-called atheromatous degeneration. I have, moreover, to show that this kind of inflammatory affection of the arterial coat is, in point of fact, exactly the same as what is universally termed endocarditis, when it occurs in the parietes of the heart. There is no other difference between the two processes than that the one more frequently runs an acute, the other a chronic course."

From the quotation, we are led to infer that the author believes chronic inflammation of the inner arterial coat to be due to an acid condition of the blood. Such is at least a reasonable hypothesis, as an acid condition is generally admitted in rheumatic endocarditis. An acid condition of the blood is undoubtedly more irritating to the internal lining of the vessels than an alkaline, hence would favor the development of an asthenic grade of inflammation and its consequences, fatty metamorphosis, atheromatous degeneration, and possibly calcification, with ultimate rupture, when subjected to undue tension.

We have now reached what we conceive to be the most important part of this paper, and the real object of its production. What can we do to save our patients from premature death from cerebral hemorrhage? We see falling, day by day, the brain-workers and great minds of the country. Can this appalling mortality be lessened? Any of us can write of the symptoms, pathology, causes, and treatment of apoplexy. But who knows how to prevent or stay an arterial degeneration? In the history furnished us by Sir Thomas Watson of Dr. Adam Ferguson, the historian, we find an example from which much may be learned. He says: "The doctor experienced several attacks of temporary blindness before he had an attack of palsy, and he did not take these hints as readily as he should have done. He observed that while he was delivering a lecture, his class and papers before him would disappear—vanish from his sight—and reappear again in a few seconds. He was a man of full habit, at one time corpulent and very ruddy; though by no means intemperate, he lived freely. I say he did not attend to these admonitions, and at length, in the sixtieth year of his age, he suffered a decided shock of paralysis. He recovered, however, and from that period, under the advice of his friend, Dr. Black, he became a strict Pythagorean in his diet, eating nothing but vegetables, and drinking only water or milk. He got rid of any paralytic symptom, became even robust and muscular for a man of his time of life, and died in full

possession of his mental faculties at the advanced age of ninety-three, upward of thirty years after his first attack." Sir Walter Scott describes him as having been, "long after his eightieth year, one of the most striking old men it was possible to look at. His firm step and ruddy cheek contrasted agreeably and unexpectedly with his silver locks; and the dress which he usually wore, much resembling that of the Flemish peasant, gave an air of peculiarity to his whole figure. In his conversation, the mixture of original with high moral feeling and extensive learning, his love of country, contempt of luxury, and especially the strong subjection of his passions and feelings to the dominion of his reason, made him, perhaps, the most striking example of the stoic philosopher which could be seen in modern days."

If we learn anything from the above case, it is that cerebral arteries may be so frangible as to rupture under great pressure, and that additional ruptures may be prevented, and possibly the tendency to arterial degeneration stayed, and the already weakened walls strengthened, by the regulation of the nutrition, by abstaining largely from nitrogenous articles of food, and living principally on carbonaceous diet. We also learn that both mental and physical vigor can be maintained to a great age on a diet exclusively of vegetables, water and milk. All this being true, how important is the study of preventing the degeneration of blood vessels, not by medication alone, but chiefly by alimentation. If the doctrine advanced by Virchow be true, that an acid state of the blood favors fatty metamorphosis and atheromatous degeneration, and that the condition of the blood is the same as in endocarditis, it would appear that the way is open to prevent endarteritis and its consequences, by preventing the accumulation of the supposed *materies morbi* in the blood, by the use of agents the tendency of which would be to maintain its normal alkalinity. The object so much desired is to uproot the great underlying cause in the blood. In the selection of means with that view, it should be remembered that almost every particle, however small, that is introduced

into the animal economy is decomposed and subjected to chemical changes in the processes of digestion and assimilation. If we have a correct physiological knowledge of these chemico-vital changes, it is logical to conclude that the alkalescence of the blood can be maintained in the selection of a diet with a view to the chemical changes that occur in the stomach without the direct administration of the alkaline salts. It is most certainly true, if we can rely upon the teaching of Dalton, Flint, Marshall, and other physiologists. Dalton says: "The carbonate of soda of the blood is partly introduced as such with the food, but the greater part of it is formed within the body by the decomposition of other salts, introduced with certain fruits and vegetables. These fruits and vegetables, such as apples, cherries, grapes, potatoes, etc., contain malates, tartrates, and citrates of soda and potassa. Now, it has been often noticed, after the use of acescent fruits and vegetables containing the above salts, the urine became alkaline in reaction from the presence of the carbonates." Then in the management of cases in which we have cause to believe there is an inherited predisposition to arterial degeneration, from an acid condition of the blood—and it matters not whether it be uric or lactic—we have but to maintain its alkalinity by interdicting the use of nitrogenous articles of food, and insisting upon the example of the old Pythagorean, "Eat nothing but vegetables, and drink only water or milk." Here let me say water is the most abundant constituent of the animal body, and is a most essential article of food. Its offices are numerous, an important one of which is to dissolve the food, and render it capable of absorption and entrance into the blood. It is abundant in the blood and secretions, and is indispensable in order to give them fluidity, which is necessary to the performance of their functions. It is through them that new substances are introduced into the body, and old ingredients discharged. "The tendency of complex effete matter is to crystallization, in the absence of sufficient water to hold it in solution." Hence effete matter can be conveyed out of the living body only as it is

held in solution by the liberal use of water. Then is it not probable, if the fluidity of the blood is well maintained, it will be less irritating to the lining of the cerebral arteries and better suited to the nutrition of the vessels?

Chloride of sodium is found, like water, throughout the different tissues and fluids of the body. It is believed to increase the solubility of the albumen, and perhaps also the earthy phosphates, and is necessary to the proper constitution of the tissues and fluids. The herbivorous animals, when freely supplied with it, are kept in much better condition than when deprived of its use. Thus, we conclude, the moderate use of salt is essential to the proper nutrition of the body, assists in preserving the fluidity of the blood, rendering the vessels less liable to thrombosis and phosphatic deposits.

With the knowledge our patient possessed of his unfortunate inheritance, we think it not irrational to conclude had he kept the blood in an alkaline state by the use of vegetables and fruits, for the last few years, and well maintained its fluidity by the liberal use of chloride of sodium and water, the inherited tendency to arterial degeneration would have been staid, and his life prolonged for a time.

But little need be said as to the treatment of cerebral hemorrhage after the attack. You are supposed to be familiar with the therapeutics of the principal authors upon the subject. I will, however, allude to a few points that may be of interest to the profession. A detailed account of the treatment given the subject of this paper would not be instructive, because the case was necessarily a fatal one, and no form of treatment could have been of the least avail; and more because the second attack, which fatally paralyzed him, came at a time when a part of the treatment of which I desire to speak was about to be instituted—strychnia and electricity. The propriety of blood-letting will arise, and, as Hammond says, "should, in nearly every instance, be decided in the negative." I can conceive of but one condition in which I would expect good results from blood-letting; and then I would much prefer to apply leeches to the inside of the nos-

trils, the effect of which would be to more directly unload the great venous sinuses of the brain than by any other method. If there was obvious distension of the venous system, indicated by a cyanotic appearance of the face, with impulse of heart strong, its sounds clear, pulse regular, and no signs of commencing œdema of the lungs, I would use leeches as indicated above to remove the venous congestion, the presence of which deprives the ganglion cells and nerve fibers of their normal supply of oxygenated blood.

We must wait, before commencing the use of strychnia, until all symptoms of irritation of the wounded brain have passed away, and the only evidence of ill health is found in the motor paralysis. The extravasated blood must have time to undergo the usual changes of separation and absorption, which changes do not commence before the sixth day. The serum is not absorbed, and the remaining clot encapsulated by a new formation of connective tissue, before the end of the third week. It would not only be useless, but positively unsafe, to attempt to restore the lost voluntary power, with the cause in full force.

I especially desire to speak of the use of strychnia hypodermically. Its effects are much more decided when administered subcutaneously, once a day, in smaller doses, than by the stomach. Hammond says: "In old cases of hemiplegia, the effects of strychnia, thus administered, are often well marked, and are exhibited when administration by the stomach has failed to produce a beneficial result." Dr. Charles Hunter also speaks of the advantages of its use subcutaneously. Dr. R. A. Vance reports several cases in proof of its superior utility when thus used.

Our greatest reliance should be in the use of electricity. No well informed physician, in this age of medical progress, would neglect the use of an agent of such inestimable value in the treatment of motor paralysis and anæsthesia. The same rules prescribed as to time in the use of strychnia, should govern us in the use of this most potent remedy. The improvement is often very decided and satisfactory.

The induced current should be first tried, if the treatment is commenced, soon after the seizure, and will generally produce contractions of the paralyzed muscles. The current should be of sufficient tension to cause slight pain; and if contractions are not produced, it would be better to resort to the galvanic current. In old cases, the loss of electro-contractility is so great that satisfactory results can not be expected from the induced current. The intensity of either current should come short of excessive pain or great fatigue. Friction, kneading the muscles, flexing and extending the paralyzed limbs, should not be neglected. The patient should also be encouraged to move his limbs, from time to time, by his own volition.

INDIANAPOLIS.

SUPPOSED INTUSSUSCEPTION—RECOVERY FROM COPIOUS INJECTIONS, THE BODY BEING INVERTED.

BY M. H. JORDAN, M. D.

The treatment of intussusception by inversion of the body and enemata, has been a most important addition to our therapeutics of this dangerous condition, several successful cases having been reported. I wish to add another to the list, the result being not less prompt than satisfactory.

A child, seven and a half months old, was suddenly taken ill on the night of the twenty-third of March, apparently suffering severe pain accompanied with violent straining to evacuate the bowels, but passing only a little blood and mucus. The physician first in attendance regarding it as a case of dysentery, treated it accordingly. About forty-eight hours after the commencement of the attack, I saw the patient, and found it straining violently, restless, and suffering severely, but with-

out any fecal discharge. Suspecting an intussusception, I passed a gum elastic sound into the rectum; this sound could be introduced some distance, and then met with an obstacle which I believed an intussusception of the large intestine. Having the child inverted, then by means of a Davidson's syringe—the nozzle being wrapped with a napkin external to the anus, and firm pressure being kept up around it to prevent reflux of the water, and this being introduced very slowly, apparently simple points, but of no little importance in such cases—nearly a pint and a half of warm water was thrown into the bowels; at first there was considerable resistance to the introduction of the pipe of the syringe, but by the gradual dilatation of the water it was passed in three and a half or four inches. The injection was retained for a few minutes and then allowed to escape, the infant meanwhile being apparently entirely relieved, and dropping off into a calm sleep. After the escape of the injection, a fecal evacuation—the first since the commencement of the attack—occurred. A repetition of the enema was followed by two more natural discharges. The patient continued to rest well. There were abdominal soreness and tympanites for a few days, but recovery was soon complete.

This case is reported as a contribution to the statistics of this affection, and as a testimony to the value of the treatment employed, and with the hope that it may possibly be of such advantage to some other physician as the reports of similar cases have been to me.

Birmingham, Ala.

Reviews.

Cyclopædia of the Practice of Medicine. Edited by DR. H. VON ZIEMSSEN, Professor of Clinical Medicine in Munich, Bavaria. Vol. IV. Diseases of the Respiratory Organs. New York: William Wood & Co. 1876.

These portly volumes continue to appear with a promptitude that bespeaks vigor in all concerned in their production. This forms the fourth in the series, but is in reality the sixth published, the fifth and tenth volumes having been issued in advance of their time. The articles in this volume are by Drs. Fraenkel, Ziemssen, Steiner, Riegel, and Fraentzel, and are on a level with those in the preceding volumes, which have been everywhere accepted as representing the most advanced views of the profession on the matters of which they treat. Their authors are young but not unknown, having distinguished themselves as writers, and having enjoyed opportunities which enable them to present their subjects from a clinical stand-point. We have heretofore alluded to the biographical sketches prefixed to each volume as a pleasing feature of this great work, and are glad to see it preserved in the volume before us.

The first memoir is by Dr. Fraenkel, and relates to diseases of the nose, pharynx and larynx, their diagnosis and treatment, which are introduced by some excellent instructions in regard to the inspection of the pharynx. This is done now in a far more satisfactory way than was possible a few years ago. In hardly any department of practical medicine has greater aid been afforded by instruments than in affections of these parts, and here the reader will find minute directions how to employ them, made more clear by ample illustrations. Those instruments may be more complicated than is desirable

for most practitioners, but no one can read this chapter carefully without being better prepared to encounter diseases of the throat. It may be true that intra-pharyngeal operations must, as a rule, be left to the specialist; yet it will not be disputed that every practitioner should be able to use the laryngoscope so far, at least, as to enable him to arrive at a diagnosis. Less practice, as is justly remarked by Dr. Fraenkel, is required to learn laryngoscopy than auscultation and percussion, without some skill in which no physician would be content to practice medicine at this day.

Dr. Fraenkel's therapeutics are local; he speaks only of such as are topically applied to the passages under consideration—solid nitrate of silver, insufflation of powders, the application of fluids by pencilling, the syringe, or the inhalation in the atomized state.

Von Ziemssen follows in a practical memoir on diseases of the larynx, connected with anemia, hyperemia and hemorrhage, of which he gives a brief historical sketch, embracing an allusion to the laryngoscope.

His paper is followed by one on croup by Dr. Steiner. In looking over the bibliography of this disease, we see that Dr. Steiner quotes Samuel Bard, but fails to give the name of Richard Bayley, of New York, who was, perhaps, the first to detect the true character of membranous croup, and whose discovery has been recognized by French pathologists. It was made as early as 1781, and communicated in a letter to Dr. Hunter. Dr. Rush, too, ought to be noted as a writer on croup; it is not a little remarkable that his confidence in the power of remedies in this most intractable affection was so great. Steiner declares that "we do not at present possess any which directly influence the morbid process, and upon which we can rely with confidence."

Dr. Riegel has a much longer memoir on diseases of the bronchi and trachea. It is a treatise of more than two hundred pages, and is exhaustive. The reader will find in it all that he desires to learn about these maladies, and we may remark, in passing, written in a style at once clear and pleas-

ing—a merit for which we have already commended this work.

The concluding paper, by Dr. Fraentzel, is shorter, but makes an essay of a hundred pages. It is directed to diseases of the pleura, and forms a complete monograph on the subject. With the copious index, the volume contains over eight hundred pages, to which our readers are referred as an authoritative and eminently instructive book, which would make a valuable addition to any medical library.

The Medical and Surgical History of the War of the Rebellion. Part II, Volume II—Surgical History. Prepared under the direction of Joseph K. Barnes, Surgeon-General U. S. A. By GEORGE A. OTIS, Assistant Surgeon U. S. A. Washington: Government Printing Office. 1876.

The gigantic rebellion has certainly given birth to the most gigantic medical literature ever brought forth by a war. Here we have volume second of two huge quartos devoted to surgery, after two of similar size relating to medicine. These volumes must be studied to be appreciated, but a very cursory glance is sufficient to satisfy the reader that they form a repository of facts such as has hardly its equal in the annals of medicine and surgery. The one before us, like its predecessor, is rendered far more satisfactory by the cuts with which it is profusely illustrated. To the practitioner of surgery it can not fail to be instructive, while to the author it must prove a mine of incalculable value. No one hereafter will think of writing on the subject without a careful reference to its varied contents. Vast as the matter published already is, it is to be followed by a third volume, which has been found necessary to complete the details of the great history. We should fail in duty if we neglected this opportunity to express to the government thanks for having given to the medical profession of the United States a work that reflects so much credit upon our country.

A Manual of the Diseases of the Eye. By C. MACNAMARA. Philadelphia: Lindsay and Blakiston.

The third edition of this useful book is now before the profession. "The first was published in 1868, and the second in 1872, during my residence in Calcutta. Since my return to Europe I have revised the work, and hope the third edition will be found to sustain the character of those that have gone before it." (Author's preface.)

Those who have either of the former editions need not procure this one, as but few changes have been made, and but little added; and for the best of reasons, viz., but few changes were needed, and but little could have been added while the book remained a manual.

On the first glance over its pages, we find that the author no longer advocates his peculiar views concerning the mechanism of the accommodation of the eye, which are to be found in a former edition.

We then find two very closely written pages on the minute anatomy of the lens, a part of which we quote:

"The lens is made up of layers of these fibers, disposed, as Mr. Bowman observes, like the layers of an onion, one over the other; and in order to carry out the analogy between the lens and voluntary muscle, we have only to suppose the primitive fibers of the latter arranged in layers instead of bundles. I have traced nerves over the capsule of the lens, and there is no reason to suppose that they do not enter its substance, if their presence there is necessary, of which there is no evidence. The germinal matter lining the capsule of the lens is probably sufficient to produce its formed material, and in the growing lens I have found germinal matter scattered throughout its substance, so that there are really no elements in striped muscle not to be found in the lens, except blood-vessels and connective tissue, and these from the nature and functions of the lens could not be admitted into its substance; moreover, they form no part of the essential elements of muscle. If this be the case, and if it has been proved

that the lens dilates and contracts, in obedience to a voluntary effort, in exactly the same way that striped muscle does, surely it is far more reasonable to suppose that these changes are effected through an inherent power residing in the lens, analogous to that which exists in voluntary muscle, than to fall back upon the ciliary body as being the active agent in the accommodation of the eye."

After having read the above, we naturally hoped for something further in the same direction; and when the present edition made its appearance, we eagerly turned to the article on the accommodation of the eye, when, to our surprise, we found that the author had "fallen back upon the ciliary body as being the active agent in the accommodation of the eye." His language in the third edition is as follows: "The highest authorities of the day hold that the accommodation of the eye is effected by the action of the ciliary muscle." He quotes Donders in support of this view, and adds: "In support of this idea we can not overlook the fact that in those animals whose range of accommodation is highest, as birds, the ciliary muscle is largely developed; in those, as fishes, in which accommodation is almost *nil*, the ciliary muscle is hardly developed."

Several pages are devoted to the operations known as iridectomy and artificial pupil; and they so concisely and pointedly express the views of all specialists, who have had much experience in eye cases, that we must quote a little from the work:

"*Increasing use of Iridectomy.*—It is remarkable how rapidly the advantages to be derived from the operation of iridectomy have been developed, and its employment extended, since its first introduction at a very recent date into ophthalmic practice. Iridectomy is especially called for in glaucoma, acute choroiditis, irido-choroiditis, rapidly advancing or intractable ulcers of the cornea, in occlusion of the pupil, and in combination with other operative means for the removal of the lens."

Under the head of operations for the removal of cataract, the author first mentions the varied operations as made by others; then he gives his own method, by which he removes the lens with its capsule, through a linear incision made with a peculiarly broad, straight, lance-shaped iridectomy knife at the temporal side of the cornea, without making a section of the iris.

In regard to the propriety of operating on both eyes at the same time, the author says: "It may be laid down as a general rule, that when both eyes are involved, only one should be operated on at a time. I hardly know of any circumstances that would make me perform a double extraction at one sitting, unless in the instance of double traumatic cataract, when we should do well to remove both eyes as soon as possible from the irritation induced by the swollen and opaque lenses."

In the above view the author has a majority on his side, but in spite of it, and the eminence of those who maintain the same, the writer of this believes in a contrary course, and can if required mention a large number of persons from whose eyes he has removed both lenses at the same time, and in whose cases the most remarkably good results have obtained. The age of those persons has ranged respectively from forty-seven to eighty-nine years; some have been in robust health, while others have been bent almost double with decrepitude, and in no instance has a failure resulted when both lenses were extracted at the same time.

Said teaching is, of course, applicable where the operator has not much experience, and such an one would be exceedingly reprehensible did he undertake the operation in both eyes; but it is the belief of the writer that where one has had brilliant results following a certain course, he should continue in the same path. Let us look at the depressing effect which follows the loss of one eye after an operation—how difficult it is for the operator to induce the sufferer to try it on the other eye, when he remembers the pain which followed

the loss of the former one; indeed, the fearful apprehension of it is sufficient often to start destructive inflammation in a recently incised eye-ball.

Space will not admit of anything like a complete review of the book, but we can safely and truthfully state, taking all things into consideration, that it is the best manual possible for the busy general practitioner. It has many excellent plates, contains reliable test types, the index is convenient, its marginal references are admirable, and the price is so low that it is within the reach of the most impecunious of our professional brethren. T.

Statistics, Medical and Anthropological, of the Provost-Marshal General's Bureau. By J. K. BAXTER, A. M., M. D. In two volumes. 1875.

We have here two more superb volumes printed at the government printing office in Washington, made up of statistics of the greatest interest to anthropologists as well as physicians, or, in other words, to all classes of readers interested in the study of man. Over a million of recruits, drafted men, substitutes, and enrolled men, are here reported upon, and the data thus recorded afford a fund to the writer on vital statistics more extensive than any ever before collected and published. The volumes may not be much consulted by the busy practitioner, but to students curious in questions that relate to the statistics of disease, and especially to the medical author, they are invaluable.

In addition to many illustrative charts, eleven maps are given, which add largely to the interest of the work. They show, by gradation of color or varying intensity of tint, in an approximative way, the prevalence of diseases of a certain form in the states from which troops were drawn.

We can hardly think of more pleasing volumes than these constitute for a student who has the leisure and the taste to

indulge in the researches to which they refer. The author merits and will receive the thanks of his countrymen for his painstaking and most thorough work.

Atlas of Skin Diseases. By LOUIS A DUHRING, M. D., Professor of Skin Diseases in the Hospital of the University of Pennsylvania, etc. Part I. Eczema (Erythematosum), Psoriasis, Lupus Erythematosus, Siphiloderma (Pustulosum). Philadelphia: J. B. Lippincott & Co.

We can not speak too highly of this, the first number of Duhring's Atlas of Diseases of the Skin. The form, the text, and above all the chromo-lithographs—of which there are four as indicated in the title above—are all excellent. Without exaggeration, we believe these illustrations vastly better for the practitioner than those of the Sydenham Society. Nor is the price at all exorbitant, as each number will contain four plates, royal quarto, and, with the text, will be furnished at two dollars and a half.

Dr. Duhring's opportunities for the study of cutaneous diseases are ample, and his work on these diseases previously published sufficiently attests his superior abilities. We can recommend these illustrations most heartily to the profession, and even urge upon practitioners the great value they will be in every medical library.

The atlas will be issued in parts, one appearing quarterly, and the work being completed in eight, or at most ten numbers.

Clinic of the Month.

SULPHATE OF QUININE AS AN EXCITANT OF THE UTERUS.—In a contribution to *La Presse Médicale Belge* much testimony is brought forward in support of the power that sulphate of quinine possesses of awakening and exciting the action of the uterus. Dr. Paul reports two observations proving its efficacy for exciting the contractions of the fatigued uterus. Dr. Voghera says that quinine, given to some women who during pregnancy were attacked with neuralgia, or for other causes, provoked abortion; that, given to some women at the full term of pregnancy, it brought on labor; and that, when these women experienced slight irregular pains, the sulphate of quinine rapidly caused the expulsion of the fetus. It likewise facilitates the expulsion of the placenta by exciting uterine contractions; and when in the puerperal state the lochia are suspended, a dose of quinine is sufficient to reestablish them. He likewise states that in some rare cases the prolonged use of quinine suppressed the lacteal secretion, and brought on the menstrual flux. Dr. Ombini Vincent relates two cases of difficult labor from inertia of the uterus, and two cases of metrorrhagia, that was overcome by quinine. Dr. Louis Aporti declares to have found in it a more prompt and energetic action than in ergot. Dr. Losi Carlo likewise congratulates himself on having substituted quinine for ergot, and asserts to have found in it a powerful medicine either to awaken suspended contractions, or to strengthen them where they were weakened. Dr. Bouqué recounted a very interesting observation of a case of metrorrhagia, rebellious to every other treatment than quinine. He admits that quinine is endowed with excito-motor powers over the vaso-motor nerves, and in this manner explains its hemostatic power in every case where contraction of the capillaries is insufficient or wanting. (The Doctor.)

Hyposulphite of Soda in Diphtheria.—Dr. Chenery, in the Boston Medical and Surgical Journal, June 8th, speaks highly of the hyposulphite of soda in diphtheria. He also uses the compound tincture of myrrh, made by digesting an ounce each of capsicum, powdered myrrh, and guaiacum, in a pint of alcohol:

"The dose of the hyposulphite is from five to fifteen grains or more in syrup every two to four hours, according to age and circumstances. It can do no harm, but if too much is given it will physic. As much as the patient can bear without physicking is a good rule in the severer cases. The tincture can be used in doses of five drops to a half-drachm in milk. The amount for thorough stimulation is greater than can be taken in water. I usually give it in such doses as can be easily taken in milk, using the milk as food for small children. One fact, however, needs to be borne in mind, namely, the hyposulphite prevents the digestion of milk and should not be given in less than an hour from it. They may be used alternately, however, without interference, in sufficiently frequent doses. Judging in this disease as I judge in others, I am fully persuaded that the treatment I have so long used, and which has not failed me yet, will save nearly every case of diphtheria if seasonably and vigorously employed; and there is no reason why it should not do as well in the hands of others as in my own. In none of my cases have I used any alcohol."

Hydrate of Chloral as a Local Application in Diphtheria.—In the last number of the *Gazzetta Medico di Roma*, Dr. Cesare Ciattaglia gives an instructive communication on the cure of diphtheria. For some little time he has been wholly successful in treating that ordinarily stubborn malady, his remedies being the chlorate of potash internally, and the application of the hydrate of chloral to the false membranes. With these he has combined a tonic and restorative diet. To children of three to six years of age he has administered the chlorate of potash in doses varying from ten to fifteen

grammes a day, dissolved in one hundred and forty of water; while the hydrate of chloral, in the proportion of four grammes of the hydrate dissolved in twenty grammes of glycerine, is painted over the diphtheritic patches three or four times a day. For adults the dose of chlorate of potash is twenty grammes. The *catena* of evidence by which he illustrates this treatment is very convincing—one gratifying observation being the certainty with which the hydrate of chloral and glycerine, from the moment of being smeared on the false membranes or diphtheritic patches, arrested their formation, and removed entirely on the first, or at latest the second day, the offensive and characteristic fetor. Dr. Cesare Ciattaglia, of course, disclaims all pretensions to originality in this treatment. It is to Vogel that we are indebted for the use of the chlorate of potash—a remedy which that distinguished German physician employed for the first time in 1860; while the Italian practitioner, Ferrini, suggested and prescribed the painting of the false membranes with hydrate of chloral and glycerine in the diphtheritic epidemic that ravaged Tunis last year. (Lancet.)

Applications of Caoutchouc in Surgery.—Prof. Courty, in reviewing the numerous advantages possessed by caoutchouc in surgery, at one of the meetings of the Association for the Progress of Science in France, showed that the treatment of chronic ulcers of the legs by this means presents numerous advantages. It is carried out in this manner by him: After having washed the ulcer he applies a mild stimulant; he then covers it with a bandage, over which he rolls an elastic band, which in its turn is surrounded with another bandage. When the wound is considerably closed in he abandons this medication and applies ointment on lint to the ulcer, the cicatrization of which is completed at the end of from two to three weeks. Professor Courty has amputated uterine polypi, hypertrophied cervices uteri, tumors of the rectum and anus, etc., by elastic ligatures. M. Gayet reported having divided the pedicle of an ovarian tumor, by the same

method, in twenty-two days, without any inconvenience. M. Letenneur removed an epithelioma of the tongue with elastic ligatures, applied in segments, in eight days. M. Laroyenne, of Lyons, remarked that cauterization of tissues rendered anemic by means of Esmarch's elastic bandage gives better results than when it is practiced on parts in which the circulation has not been suspended. Although it is not apparent at the moment of operation, the hot iron produces its effects more deeply. The surface for cauterization contains no liquid, it does not produce vapor, and the operator can watch the exact points to be attacked better. The integuments do not redden under the influence of the radiating caloric, they preserve their color or become slightly pale; the extent and depth of the cauterization are only shown when the elastic bandage is removed. These effects can be explained by the diminished loss of heat that the iron undergoes when it is not in contact with liquids which, as a result of the high temperature, are converted into vapor. When it is necessary to act on fungoid tissues, in osseous parts deeply situated, this means ought to be preferred to all others. (The Doctor.)

WADDING VERSUS SPONGES. — M. Kirmisson publishes a work, in the *Journal de Thérapeutique*, on the employment of prepared wadding instead of sponges and charpie for the dressing and cleaning of wounds, at the instigation of M. Guyon, who has made use of this mode of dressing for a considerable time. Its slow powers of imbibition render wadding not so convenient as the sponge, but this can be overcome by preparing it in the following manner, as recommended by M. Guyon: Cut up the wadding into pieces as large as the hand, and plunge them in a basin of carbolic water—one in fifty—taking care to turn and press them so as to facilitate imbibition. When thoroughly impregnated (which they will be in five or six minutes) press the water out of them, roll them into balls, and place them in a well-stoppered wide-necked bottle. When required for use they have only to be resoaked at the moment of dressing.

Notes and Queries.

AMERICAN MEDICAL ASSOCIATION.—The annual meeting of the American Medical Association, held in Philadelphia June 5th, 6th, 7th and 8th, was a remarkable success as to numbers, more than seven hundred and fifty members being enrolled, and enough outside doctors in attendance to swell the entire number to ten or twelve hundred.

Dr. Pepper, of Philadelphia, delivered an address of welcome with becoming dignity and grace, but apparently with no great enthusiasm and heartiness.

The inaugural address of the President, Dr. Sims, was admirably delivered—indeed the doctor proved himself a real orator in the utterance of more than one eloquent passage—but many of its sentiments met with no little private condemnation. The chief points in it were a criticism of the code of ethics, and a plan for lessening the ravages of syphilis.

The address delivered, Dr. Brodie sprang to his feet with a motion for a vote of thanks to Dr. Sims, and this motion was carried unanimously; had the members had time for reflection, and had they voted as many talked, censure would have been substituted for thanks, or at least the latter negatived. However, when the address is published, there will be time enough for a deliberate opinion upon that which was deliberately determined and uttered; for Dr. Sims knew right well that his views would not be unchallenged, and had fully considered the matter, counted the cost, and said what he conscientiously regarded as wisest and best.

Sarah Hackett Stevenson was admitted a delegate from the Illinois State Medical Society, and when a motion was made

to refer the credentials of all female delegates to the judicial council, it was tabled with wonderful promptness. This action of the association was in remarkable contrast with its course a few years before, when Dr. Atlee was almost the only prominent champion of the doctresses, and his arguments were ably met by Dr. N. S. Davis, whose absence was so notable a fact at this meeting, and whose wise counsels were so much needed, and the venerable Dr. Condie, who has gone where all good doctors go, and where there is no dispute as to female representation. Then a large majority was against the commingling of medical petticoats and pantaloons; but now the majority was overwhelmingly reversed. Is this progress, or is it simply an illustration of the uncertain action of popular assemblages!

The McDowell monument fund occupied the attention of the association a little while, a proposition being made to tax the members for an indefinite time one dollar annually—a plan that met with no general approval, but which was surpassed in wisdom and practicability by a proposition to pass around the hat, take up a collection on the spot. The fact is that the whole movement might as well be set down as a brilliant failure, and the less time spent in the association in talking about it—making fine speeches and hatching foolish schemes—the better.

The ethical part of Dr. Sims's address was referred to the judicial council for report thereon at the next meeting of the association, the syphilitic portion was directed to be printed separately for general distribution, and charges were presented against the Illinois State Medical Society for sending a female representative; so the Chicago meeting—for the next session will be held at the Lake City—promises to be one of no little controversy; the dragon's teeth have been sown, and who will doubt a crop of armed men!

Dr. Busey delivered the address on Obstetrics, and it was, of course, an able effort, and elicited marked attention and much praise.

Dr. Garcelon gave the address in Surgery, but the other

addresses were not, because of absence or illness of the parties charged with their delivery.

The following officers were elected:

President—H. I. Bowditch, of Massachusetts.

Vice Presidents—N. J. Pittman, of North Carolina; Franklin Staples, of Minnesota; Joseph R. Smith, of U. S. Army; Samuel C. Busey, of District of Columbia.

Treasurer—Dr. Casper Wistar, of Pennsylvania.

Librarian—Dr. William Lee, of District of Columbia.

Committee on Library—Dr. Johnson Eliot, of District of Columbia.

Assistant Secretary—J. H. Hollister, of Illinois.

Committee of Arrangements—Drs. N. S. Davis, I. W. Freer, H. A. Johnson, T. D. Fitch, H. W. Jones, J. P. Ross, and Lester Curtis.

Committee of Publication—Dr. W. B. Atkinson, Chairman; Drs. T. M. Drysdale, Albert Fricke, Samuel D. Gross, Casper Wistar, Richard J. Dunglison, all of Pennsylvania, and William Lee, of District of Columbia.

And the following are the officers of sections:

Practice of Medicine, Materia Medica and Physiology—Dr. P. G. Robinson, of Missouri, Chairman, and B. A. Vaughan, of Mississippi, Secretary.

Obstetrics and Diseases of Women and Children—Dr. Jas. P. White, of New York, Chairman, and Robert Battey, of Georgia, Secretary.

Surgery and Anatomy—Dr. D. Hayes Agnew, of Pennsylvania, Chairman, and Dr. Moses Gunn, of Illinois, Secretary.

Medical Jurisprudence, Chemistry and Psychology—Dr. Eugene Grissom, of North Carolina, Chairman, and Dr. E. A. Hildreth, of West Virginia, Secretary.

Delegates to the International Medical Congress, to be held September 4, 1875—Dr. H. I. Bowditch, of Massachusetts; E. Seguin, of New York; Thomas L. Madden, of Tennessee; J. S. Welford, of Virginia; A. Dunlap, of Ohio; John T. Hodgen, of Missouri; Joseph Carson, of Pennsylvania; John C. Dalton, of New York; W. O. Baldwin, of Alabama;

D. W. Yandell, of Kentucky; N. S. Davis, of Illinois; Austin Flint, Sr., of New York; T. G. Richardson, of Louisiana; W. F. Westmoreland, of Georgia; A. M. Pollock, of Pennsylvania; Frank Hastings, Hamilton, New York; G. M. Bemiss, of Louisiana; L. A. Dugas, of Georgia; Francis Bacon, of Connecticut; Hunter McGuire, of Virginia; A. J. Shurtleff, of California; E. M. Moore, of New York; O. W. Holmes, of Massachusetts; G. A. Otis, United States Army; F. E. Gunnell, United States Navy.

Just before the close of the last session, Friday morning, a motion was made and carried to invite Dr. Bowditch, the president so wisely chosen for the next year, on the stage, and we immediately supposed he was needed for some oratorical demonstration. Sure enough, in the course of Dr. Sims's eloquent valedictory, Massachusetts shook hands with South Carolina, action corresponding with word; and so the old and new president clasped hands—Dr. Bowditch, in his frank innocence and in the simplicity of a really great soul, thinking that this manual exercise was the custom—the applause thus evoked was hearty and tumultuous. Indeed we could not help thinking that if Dr. Sims had devoted himself to histrionic art, he would have made himself a greater name even than he has in medicine.

During the meeting of the association, Dr. Toner introduced a resolution declaring that those who aid or abet the graduation of medical students in irregular or exclusive systems of medicine, violate the spirit of the ethics of the American Medical Association; and it was passed. This was a blow, right between the eyes, at Michigan University Medical School; how severe the blow, remains to be seen.

Dr. Culbertson, of Zanesville, worthily received a prize for a wonderfully elaborate and exhaustive essay upon *resections*, the printing of which, with its illustrations, we apprehend will cost a few thousand dollars.

A resolution was offered declaring the office of Permanent Secretary vacant, but it was voted down with a storm of indignant noes and hisses. Yet there was considerable dis-

satisfaction with Dr. Atkinson, and a strong opinion expressed by several in private that it would be for the interest of the association to put in some new man, like Dr. Hutchinson; many Philadelphians themselves were desirous of this change. Dr. Atkinson has worked so hard and so long, that no trivial causes ought to be permitted to even suggest putting him on the retired list.

Undoubtedly there was considerable dissatisfaction with many things; the hall in which the meetings were held was not suitable in form, even if it had been in acoustic properties; fit places for the meetings of the Sections were not chosen at the right time, and properly advertised, no room for the Judicial Council provided, etc. But all these blunders were simply the results of the greater blunder the Association made in Louisville by selecting Philadelphia as the place of meeting in 1876. The Centennial Exposition was a great rock against which the stream of doctors and medical interests was broken into little streamlets, and almost lost. The very newspapers of Philadelphia, if they noticed at all the public proceedings of the association, gave meager if not blundering reports. Indeed Bud Maid and Goldsmith Doble—how the former trotted and the latter talked—were a good deal more prominent in their columns than Dr. Sims and all the other doctors with their deliberations; and a convention of beer-dealers happening at the same time, made a wave that almost drowned out all mention of medical concerns.

Of course the Philadelphia doctors were most courteous and hospitable, several of them giving elegant and costly entertainments. But eating and drinking, fashionable elegancies, feasting and social dissipations, are not the means of advancing medicine, and of increasing the light and power of our great national medical council; nay, they interfere with its true work, and we wish they could be materially diminished, if not entirely abolished. However, space prevents our continuing this topic now, but we mean to recur to it at an early day.

THE RELATION OF MEDICAL EDITORS TO THE MEDICAL PROFESSION IN THE UNITED STATES.—This is the subject of the admirable address delivered by Dr. A. N. Bell, of the Sanitarian, before the Association of Medical Editors at their annual meeting, in Philadelphia, June 5th. We wish we had space to publish the entire address, but we must content ourselves and readers with some extracts. Dr. Bell refers to the duties of medical editors in these words:

"Founded as this association is, upon a common allegiance to the medical profession, and a clear appreciation of the advantages common to combined effort in the cause of science, its field of labor is obvious: to cultivate and disseminate scientific truth; to boldly expose without fear or favor the abuses which threaten the well-being of the profession; to rouse the attention of the public to a sense of the danger of ignorant and unprincipled persons, who either assume for themselves, or have conferred upon them, the titles of 'doctor,' 'pharmacist' and 'apothecary'—at the imminent hazard of the lives of all persons who are so unfortunate as to become the subjects of their care.

"Emancipated alike from the colleges and the enfranchisements of mouldy 'authorities,' on becoming editors, we enter a field of labor which admits of no middle ground. Embracing modern research and cultivation, as vehicles for truth and ordeals for what is unsettled, it is expected of us to perceive the truth and reflect the light. Editors can not afford to be content with any place below the front rank, and their duty is to maintain its lines with unflinching integrity; to be constantly on the alert, to scrutinize, to assault or espouse, as the case may be, the wrong or the right in every cause for its inherent qualities; but always with care and politeness, lest sharp criticism be mistaken for prejudice, or favor for flattery. Nothing but that which one really performs can be an honor to him, and what he claims or takes from another more than he ought, deserves exposure.

"In one respect at least the medical practitioner and the medical editor occupy common ground: neither is safe in his

practice or his reputation who is afraid to face the case in hand in all its bearings; and in both, he is most to be relied on who is best fitted to intelligently comprehend the emergency before him, and to deduce from the signs or evidences present the probable tenor of coming results. 'If false facts,' remarks Lord Bacon, 'be once set on foot, what, through neglect of examination, the countenance of antiquity, and the use made of them in discourse, they are scarce ever retracted.' Wary, however, as we should ever be for the integrity and honor of our calling, it behooves us at all times to be careful of snap judgments. To no class of men in the world is time for examination, reflection and knowledge, more necessary than to editors, and to no editors so much as medical editors; for in no other profession is the field of innovation so broad, or fraught with the necessity of more careful watching, than medicine. To it the spirit of innovation is literally abroad, from within and without, and so it has been from the beginning—more 'doctors' than of any other occupation."

Again, Dr. Bell thus speaks of the purpose of medicine, and the evils of our present system of medical education:

"The mere 'cure of disease' should no longer obtain as a primary object of medicine in either faith or practice. But instead the admirable object, so well comprehended by the elder Bigelow more than twenty years ago, which may be defined: *A knowledge of diseases and their causes, and the art of preventing them, and curing them when curable.** Let this be made the standard of professional competency, by proper restrictions and tests, and one important step, at least, will have been taken toward the acquirements necessary for a sound professional education, and the exclusion of all those who boast the use of a remedy for every symptom, or one remedy for all symptoms, in the face of their daily history, which gives the lie to all such assertions.

"But let it not be for a single moment supposed that we consider that the course of medical instruction, as ordinarily

* Nature in Disease, by Jacob Bigelow, M. D., p. 69.

pursued in this country, calculated to sustain this precept or to hinder the progress of quackery. On the contrary, we think it eminently calculated to promote quackery. From about fifty catalogues and announcements of Medical Colleges before me at the time of this writing, the following extract was selected from the one representing the largest number of students, as a fair representation of the requirements for graduation by colleges of the highest standing:

"'Three years' pupilage, after eighteen years of age, with a *regular physician in good standing*, inclusive of the time of attendance upon medical lectures; attendance on two full courses of lectures, the last being in this college; certificates of at least one course of Practical Anatomy or Dissections; proper testimonials of character; an acceptable thesis composed by and in the handwriting of the candidate, and a satisfactory examination in each of the seven departments of instruction, viz., Practice of Medicine, Surgery, Obstetrics, Materia Medica, Physiology, Anatomy and Chemistry. The examinations upon Practice of Medicine and Surgery include Pathological Anatomy, Ophthalmology, and diseases of the skin. Two full courses of lectures are absolutely required, *and no period of practice is taken as an equivalent for one course.* The candidate must be twenty-one years of age. The three years recognized are considered as ending at the close of the Winter Session. In this provision, the three years date from the time of graduation, and practice before graduation is not counted.' The winter session begins first of October and ends about first of March. A 'Matriculating Examination' on preparatory education is advertised, which 'is optional with the student, and will be given by the faculty to all who desire it. . . . . It is necessary for those only who expect to present their tickets or diplomas for recognition in Great Britain.'

"The faculty for the winter course of this college, including professors of special departments, numbers *nineteen*, and *fourteen* assistants. Besides the duty of hearing so many lectures,

numerous hospitals and public institutions have to be visited, dissection practiced, and the use of various instruments and mechanical appliances learned. That such a process of cramming can result in the acquirement of practical knowledge, is inconsistent with human intelligence. At best, it conveys but a mere smattering of the subjects gone over—not even laying a good foundation for subsequent study. Impressed with an idea of a 'regular course' merely, such graduates are, as a rule, only competent to rival quackery—more likely to acquire its arts than to overthrow them.

"While this association does well, not to assert itself in any respect a reformatory body, it should nevertheless be more alive to the general interest of medical instruction, and show less confidence than it has hitherto shown in the promised reform of medical colleges by professors and teachers. *Their* reform consists in the progressive disgrace of the profession, by the bestowment of its honors upon all who are competent to pay the college fees.

"Modern medicine has expanded beyond the bounds of any individual comprehension, and subdivision has become no less essential for its cultivation than its practice. The specialties of a few years ago have become departments; and that the attempt, on the part of professors and teachers, to continue to explain the whole of the sciences now embraced in medicine to students within the brief space of time commonly allowed, has resulted in utter failure and the degradation of the profession, is in no respect surprising. And this undertaking is the more to be wondered at, when we consider that many of the professors and teachers themselves make little or no pretension to practical knowledge outside of their special departments, both in and out of college. And yet we find a dozen or more of the learned gentlemen hammering away at the young intellect at the rate of six or eight hours a day and every night, for two sessions of four months each, and then *passing* them as having acquired knowledge enough to practice medicine in *all* its branches. The absurdity of the system is only exceeded by its danger, and the

more from the circumstance that with few exceptions no standard of preparatory education is required."

But what are medical editors to do? Dr. Bell, in the conclusion of his address, uses the following language:

"In view of this showing, and the humiliating advertisement of one of our chief colleges—that the standard of qualification for admission to our ranks is below that which will entitle the holder to recognition abroad—we may well be alarmed at the prospective future of medicine in the United States. This is no time to take part in the conflict of sects for ascendancy in certain universities. It is the time for action on the part of the American Medical Association, by which a standard of professional qualification may be fixed independent of the colleges; a standard to which they—the colleges—shall be required to conform, or else denied the privileges of the association. The time for appointing committees 'to report at the next session,' or for longer dependence on the promises of the colleges, is passed. The danger of all such delays is upon us, and the present is the time for action. The vague and indeterminate generalities which have served no good purpose in the past, are not likely to promise any better results for the future; and if the standard of medical education in the United States is to be raised at all, it must be raised by its highest tribunal, the American Medical Association.

"But medical editors have no need to wait for ceremony in this regard. Their liberty and their duty is to expose existing abuses, and if possible render them so odious as to make their reform a necessity. Our medical colleges must be made to feel that their period of unexampled prosperity, under existing regulations, shall no longer continue to be a period of peace. And if I may be permitted, in conclusion, to apply one of the wholesomest axioms of sanitary science to the most important of all subjects which now concerns the medical profession in the United States—the low standard of professional education—my proposition is, from this time forth, until it is reformed, to treat it as an intolerable nuisance. By

universal assent, *the fittest time for the removal of a nuisance is the very earliest day practicable after its existence has been made known.* Who ever opposes the removal of it on that day will be sure to oppose it, if he dare, on every other day."

MEDICAL COLLEGE CONVENTION.—The convention of representatives from medical colleges, which was alluded to in our last, was held in Philadelphia on June second and third. Twenty-three medical colleges had delegates present, and great unanimity characterized the proceedings. Upon the subject of beneficiaries, the following preamble and resolutions were adopted:

Whereas, the practice of reducing or remitting in individual cases the established fees of a college has the objectionable feature of discriminating between students who may be equally deserving, and opening the door to possible gross abuses; therefore,

Resolved, that this convention regards the above privilege as one to be deprecated in general, and, if put into practice at all, to be exercised both rarely and reluctantly, and only in unusual circumstances, and after unsolicited application by proven deserving candidates.

Resolved, that anything like a wholesale system of such reduction or remission of established fees, or any open solicitation of recipients of such favors, be regarded as in the highest degree improper; and that any college indulging in such practices deserves to forfeit its place on the *ad eundem* list of medical colleges.

In regard to consecutive courses of lectures in the same year, the decision was, "that it is the opinion of this convention that no two consecutive sets of lecture tickets shall be regarded as fulfilling the usual prerequisites of instruction for graduation, where the time between the beginning of the first course and the end of the second is less than fifteen months."

It will be observed that both this resolution, and the ones preceding it, have appropriate application to the Louisville-Kentucky Medical College, with its two courses in one year, and its shameless begging for students through newspapers, politicians and college janitors, and then charging its deluded

beneficiaries just what the other medical schools of the west charge their students—a generosity which seems like a mere sham.

Professor Waterman offered the following resolution, which was adopted:

Resolved, that no medical faculty should issue a diploma not bearing the graduate's name.

In reference to a diploma fee, the convention took this action:

Resolved, that it is the sense of the convention that the diploma fee should not be abolished.

As to graded study, the following preamble and resolutions were adopted:

Whereas, a knowledge of the elementary branches of medicine should precede a study of the practical branches.

Resolved, that, in the hope of inducing students to prolong and systematize their studies, this convention recommends to all medical colleges to offer to students the option of three courses of lectures, after a plan similar to the following: Students who have attended two full courses of lectures on anatomy, chemistry, materia medica and physiology, may be examined upon any of these subjects at the end of their second course. During their third course such students may devote themselves to the lectures upon the theory and practice of medicine, surgery, obstetrics and diseases of women and children, upon which subjects only they shall be examined at the final examination for the degree of M. D.; their standing, however, to be determined by the results of both examinations.

The convention decided upon a permanent organization, as indicated by the subjoined resolutions:

Resolved, that this convention now proceed to form a Provisional Association of American Medical Colleges, under its present officers.

Resolved, that when the association adjourns, it shall adjourn to meet at the call of its president.

Resolved, that the various medical colleges be invited to take into consideration the project of forming, at the next meeting of this Provisional Association, a permanent Association of American Medical Colleges.

Resolved, that for the furtherance of this object, a committee of three be appointed at this meeting to confer by letter with the various colleges, and invite their views on the proper object and plan of such proposed organization; and upon the receipt of the same, to draft a constitution and by-laws for a permanent association, to be submitted at the next meeting of this association.

Resolved, that the advisory resolutions upon matters of college policy, passed by this convention, be printed and forwarded to all regular medical colleges in the United States for their consideration.

The following resolution is a gentle blow at the medical department of Michigan University:

Resolved, that in the opinion of this association medical colleges ought not to recognize or hold fellowship with any school or its alumni in which irregular medicine is taught as a part of the curriculum.

The final resolution of this body was,

Resolved, that no degree in medicine should be conferred, under any circumstances, except after an examination in person of the candidate upon all the branches of medicine.

Only Two Medical Journals in Cincinnati.—Professor Pooley, whose advent to the corps of medical editors we take pleasure in announcing, in the June number of the Ohio Medical and Surgical Journal, states, "There are no medical journals published in the state except two in Cincinnati, and they by no means so fully meet the demand as to preclude the success of another." The Lancet and Observer—which really represents three journals, for originally as the Observer it absorbed the Western Lancet many years ago, and more recently the Indiana Journal of Medicine, is certainly one of the two, to which, by the way, Dr. Pooley does not allude in the most complimentary manner; but the other one—is it the Clinic or News? Only two medical journals in Cincinnati! Dr. Pooley, possibly borrowing from certain railroad companies that pool their earnings, is pooling the journals, and we fear will have to submit to a thorough course of Hamilton on Logic.

THE AMERICAN GYNECOLOGICAL SOCIETY.—A meeting of those interested in the formation of a society devoted to the study of diseases of women and of obstetrics, was held in the hall of the New York Academy of Medicine, on Saturday, June 3d. Dr. Peaslee, of New York, was elected temporary President, and Dr. Chadwick, of Boston, Secretary.

A committee to present a constitution for the society was appointed; the committee being Dr. Thomas of New York, Dr. Byrne of Brooklyn, and Dr. Parvin of Indianapolis. The constitution adopted limits the membership to sixty, provides for an annual meeting, makes the officers a president, two vice presidents, a treasurer, and a secretary: these officers, with four more, shall constitute the council.

A committee on nominations, composed of Dr. Jenks of Detroit, Drs. Lusk and Nœggerath of New York, Dr. Sinclair of Boston, and Dr. Trask of Astoria, was appointed. This committee reported the following officers: President, Dr. B. F. Barker, of New York; Vice Presidents, Dr. Atlee, of Philadelphia, and Dr. Byford, of Chicago; Secretary, Dr. Chadwick; Treasurer, Dr. Paul F. Mundé; Council, those just mentioned, with Drs. Sims, Goodell, Lyman and Parvin.

It was determined to hold a meeting of the society in New York the next week after that in which the International Medical Congress is held, and several papers were promised in addition to the inaugural address of the president.

"A GREAT MISTAKE."—The Medical Record, June 15, remarks, in referring to the last meeting of the Indiana State Medical Society: "In the course of the meeting a resolution was adopted to the effect that no paper be published in any medical journal before its appearance in the transactions, which we believe is a great mistake."

ADVERTISEMENTS OF MEDICAL COLLEGES.—We direct the attention of our readers to the advertisements of the medical department of the University of Pennsylvania, of the medical department of the University of Louisville, and of the College of Physicians and Surgeons of Indiana.

THE SUBJECT OF VIVISECTION BEFORE THE BRITISH MEDICAL COUNCIL—*Remarks of Sir Dominic Corrigan.*—"An Act to Prevent Cruel Experiments on Animals," known as Lord Carnarvon's Bill, being under consideration by the Council, the following is a part of Sir Dominic's speech upon the subject: "The crimping of salmon was one thing which might be retaliated upon those who were striving to inflict penalties on medical men only. Immediately on being taken out of the water, the fisherman seized the fish by the head and drew his knife across its body at intervals of about two inches from the head to the tail. This was done to make the fish firm, and the noble lord who owned the fishery got two pence a pound more for the salmon when they were crimped than when they were not crimped. When, therefore, a professional man was taken before a magistrate for making an experiment on a conger eel, the proper reply would be to ask the magistrate, 'What do you do in your salmon fishery?' When a witness was examined before a committee of the House of Commons as to the details of cutting off a rat's tail, a fair answer would be, 'What do you do with the fox's tail when the hunt is over?' In order that the tail might retain its hairs, it was cut off while the animal was still alive, and then the fox was left to be torn to pieces by the dogs; and at hunting balls the lady who could show the greatest number of fox-tails on her flounces was considered the belle. Ostrich feathers, which were so commonly worn by ladies, were obtained from ostrich farms, where birds were reared for the purpose; but in order that the feathers might preserve their freshness and color, it was necessary that they should be plucked out while the bird was living. Not long since ladies' bonnets were commonly ornamented with little stuffed birds, such as the wren and humming-bird, but it was not always borne in mind that the skins were taken off those birds before they were dead. In Devonshire, too, ponies were branded when very young, and branding a pony one month old was as painful an operation as firing a horse. The cramming of fowls and turkeys was a cruel thing. The food was thrust every two hours down the bird's throat, and the result was that it

lost for life the power of voluntary swallowing. At Hurlingham he once saw a little pigeon which had been wounded, after having its tail cut off to make it fly straight, take shelter on the dress of a lady, and there was a wonderful expression of sympathy, not for the little bird, whose bowels were hanging out, but for the lady's silk dress. The manufacture of cocktails to horses inflicted frightful pain, in order that the fashionable owner might ride a cocktail horse. One gentleman, a colonel, had recently written to the Times to say that in the stables over which he had control firing had been abolished, but the substitute was an application of red iodide of mercury, which caused a thousand times more pain than firing. The pain caused by fire was over in a few minutes, but three weeks would not see the end of the pain caused by the red iodide of mercury."

A CURIOUS DOCUMENT.—Whilst the anti-quackery bill was pending in the California Legislature, the Hon. Mr. Clarken, of San Francisco, made an impressive speech in its favor. A few days afterward he received a communication of which the following is a copy:

To the Hon. Sir Clarken, of the Assembly of Law makers at Sacramento:

MOST RESPECTED SIR:—May the blessings of all the sick overshadow you. The men from the flowery kingdom who heal the sick in California beg you no more to say so good words for the law which will take away from them their bread. There are many in California (China doctors) we guess fifty and we guess one hundred. They cure white people many. Fine ladies ask us for cure when the white doctors can not. They would die many good wives of rich and noble white man if the law do command us to give them no medicine. Some of us have lived here twenty-five years and made well the sick by much skill all that time. Then would be cruel to drive us away. We ask you very loud to keep close your lips and no more praise that bad law. We ask you to read this writing to the great assembly of lawmakers. Read it with much voice that all shall hear. Written by command of the Company of Chinese Doctors in San Francisco the 18 day of March, 1876.

DOCTOR LANG FO CHUNG,
(San Francisco Med. Jour.) Obedient writer.

DR. HAUGHTON.—We have been desired to state that Dr. R. E. Haughton, formerly of Richmond, is now permanently located in Indianapolis.